DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Indian-HeaLth Service Rockville, Maryland 20857

Refer to: OHR

INDIAN HEALTH SERVICE CIRCULAR NO. 96-08

AGENCY-WIDE REDEPLOYMENT PROGRAM

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- 1. Purpose. The purpose of the Agency-Wide Redeployment Program (AWRP) is to establish a framework and process for the redeployment of Indian Health Service (IHS) employees from one IHS location to another (i.e., Area to Area; Headquarters-to-Area; Headquarters-to-Headquarters, etc.). Intra-Area or intra-Headquarters redeployment actions are within the authorities of the respective IHS Area Director (AD) or IHS Director of Headquarters Operations (DHO).
 - Redeployment in this circular is defined as the directed reassignment or transfer of IHS employees (Civil Service or Commissioned Corps) from their current position and geographic location to another position and location, for which they are qualified and at the same or lower grade.
- 2. Background. The IHS is undergoing significant changes that are expected to continue well into the foreseeable future. The change elements include but are not limited to: deficit reduction and budget controls resulting in the need for more efficient utilization of all resources; restructuring and streamlining initiatives; reinvention of government; and tribal self-government. These elements require the IHS to establish a formal process to effectively and efficiently

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redeploy its personnel from one location to another while preserving the rights of the employees and furthering the mission of the IHS.

Today, as American Indian and Alaska Native (AI/AN) tribes assume greater responsibility and control over IHS health programs that serve the health care needs of their respective communities, the role of the IHS has changed. The IHS will adapt to this new environment by changing the size and composition of its workforce, while remaining committed to maintain its support and provision of health services to the tribes that have decided to continue receiving health care services from the IHS. Because this process of Indian self-determination has not occurred in a uniform manner across the Indian health care delivery program, the IHS has determined that it has become necessary to redeploy personnel not just within specific IHS Areas, but to other Areas that demonstrate a need to fill fundable vacancies.

The redeployment of IHS personnel has previously been informal, relying primarily on voluntary cooperation and special arrangements between all the individuals involved. Reluctance or any indication of objection by a receiving Area or the affected personnel was sufficient to void the reassignment or transfer. The IHS has reached a point in its organizational life that voluntarism is insufficient, ineffective, and not meeting the emerging challenges and forces facing the agency.

The IHS has implemented a major restructuring effort through the Indian Health Design Team (IHDT) that is charged to design a new IHS organization that will continue to be responsive to the health care needs of the AI/AN people, whether the Indian health program is carried out by tribal health programs, . Urban Indian health programs, or the IHS direct health care service programs.

The IHS Council of Area and Associate Directors, at its August 1995 meeting, affirmed the findings and recommendations of the IHDT to develop a centrally managed AWRP to better meet the management needs of the IHS.

The IHS AWRP will be guided by the IHS mission and 3. Policy. goal statements, the Director's vision statement, and the IHDT findings and recommendations. All employees will be treated fairly. Decisions will be based on the needs of the IHS and, whenever possible and practicable, the desires of individual employees. A reduction-in-force (RIF) of civil

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service employees will be used only after all redeployment options have been exhausted.

A reduction-in-strength/(RIS) of commissioned officers will be applied only at the discretion of the Secretary, Department of Health and Human Services, as directed in Commissioned Corps Personnel Manual (CCPM) Chapter 23, Subchapter CC23.7, Personnel Instruction 3, "Reduction in Strength Within the PHS Commissioned Corps Due to Program Reductions." Absent a formal RIS by the Secretary, Commissioned Officers for whom suitable reassignments cannot be found under this policy will be managed in accordance with CCPM 23.7, Personnel Instruction 1 ('Involuntary Separation During Probationary Period Served by Officers on Active Duty in the Reserve Corps) or CCPM 43.7, Personnel Instruction 1 (Separation of Officers in the Regular and Reserve Corps Without Consent of the Officers Involved).

All AWRP actions will be managed by the Director of field operations (DFO) and the AWRP Review Board. The AWRP Review Board is comprised of four members, including a chair, nominated by the DFO and approved by the Director, IHS. The membership is drawn from Headquarters as follows:

Three senior level Civil Service managers One senior level Commissioned Officer

All AWRP actions will be carried out in conjunction with the IHS Merit Promotion Plan; IHS Circular No. 87-2, Indian Preference; applicable provisions of Public Law (P.L.) 960 135, the Indian Civil Service Retirement Act, and other applicable personnel administration laws and policies (Civil Service and/or Commissioned Corps), applicable to the transfer or reassignment of Federal employees. With the exception of consideration given to Indian preference candidates, Areas and/or Headquarters will extend preference in filling vacancies to individuals being relocated under this policy.

- 4. **Authoriti** Authorities and Responsibilities The following authorities are delegated responsibilities cited for the effective operation of the AWRP:
 - A. The DFO is delegated the authority to approve redeployment of IHS personnel in accordance with this circular.
 - B. The AWRP Review Board is responsible for receiving, assessing, and making approvals/disapprovals on recommendations to the DFO. The Review Board has the

authority to consult with and/or convene panels of subject matter experts to assist it in carrying out its responsibilities.

- c. The ADs and the DHO are the principal officials responsible for addressing the redeployment of personnel into/out of their Area/Headquarters components pursuant to the AWRP. This responsibility cannot be redelegated.
- D. The Headquarters Division of Personnel Management and the Equal Employment Opportunity/Civil Rights staff, will provide advice and staff support to the IHS AWRP Review Board on applicable personnel administration and equal employment opportunity laws, regulations, and policies.
- 5. Procedure. Each IHS Area and Headquarters office is an integral part of the AWRP and must adhere to the processes described herein as supporting the mission of the IHS in providing the best possible health care to the AI/AN people it serves.

A. Requests for Employee Redeployment.

- (1) An IHS AD or the DHO activates the AWRP by submitting a written redeployment request to the DFO, stating the need to redeploy personnel outside of their respective Area or Headquarters. The DFO will forward the request to the Chair, IHS AWRP Review Board for action.
- The redeployment request will be submitted over the respective AD's or DHO's signature and will include a certification that all attempts to place the employee(s) within the Area or Headquarters have been fully exhausted, and that there are no fundable vacancies that fit the qualifications of the employee(s) affected.
- The AWRP Review Board is convened by its chair to conduct a review, assessment, and formulate its recommendation to the DFO for approval disapproval. The Review Board will make its recommendation within 10 working days of the receipt of the redeployment request.

(4) Within 5 working days of the receipt of the AWRP Board's recommendation, the DFO approves/ disapproves the redeployment request.

The requesting Areas/Headquarters offices affected by the redeployment are notified by the DFO of the action taken on their request, including guidance on the next steps.

B. Fund <u>Transfer</u>.

- (1) In situations where Indian Self-Determination/ Self-Governance is the primary reason for redeployment, the transferring Area/Headquarters office will transfer one full-time equivalent (FTE) position for each employee moved and bear the cost of permanent change of station for the redeployed employee(s).
- (2) In situations where there is a clear transfer of function, the Area/Headquarters' office will transfer one FTE position for each employee identified with the, transfer along with salary and support cost funds, files, furniture, and equipment required to maintain the function. In the event an employee elects to separate rather than transfer with the function, the transferring component will pay applicable severance costs and transfer the remaining funds when such payments are completed.
- (3) In all other situations, the transferring Area/ Headquarters office will transfer funding for the salary and benefits of redeployed employees. The funding will be allocated from the transferring Area's funds identified as residual for purposes of Self-Determination and Self-Governance.
- C. Vacancy Announcement All Area Offices and Headquarters offices will post all vacancy announcements on an IHS-wide vacancy tracking system administered by the Headquarters Division of Personnel Management. The AWRP Review Board will use this system in considering placement recommendations.
- 6. APPLICABLE PERSONNEL POLICIES AND PROCEDURES Specific authorities and procedures necessary to effectively carry out actions to redeploy personnel (Civil Service and Commissioned Corps) are within current delegations to the Director, IHS, which are redelegated to the ADs and the DHO.

The basic authority for reassigning civil service personnel is contained in 5 U.S.C. 7106, 'Management's right to reassign employees." The basic authority for reassigning commissioned corps personnel is contained in 42 CFR 21.33.

While this circular addresses Agency-wide relocation of personnel, the implementation of the AWRP is subject to local collective bargaining unit negotiations. Elements within the scope of negotiation are: the determination of the number of employees, occupational grades and series, and the changes in the working conditions affected by redeployment.

Actions carried out under this circular will adhere to the policies and procedures contained in the IHS Merit Promotion Plan; IH Circular No. 87-2, Indian Preference; the applicable provisions of P.L. 96-135, the Indian Civil Service Retirement Act; the IHS Career Transition Assistance Program; and, all other laws and policies applicable to reassignment and/or transfers of Federal employees.

7. Appeals.

A. Civil Service employees may have appeal rights as follows:

An employee who is given a directed reassignment/ transfer to a position at the same grade and pay that is outside the local commuting area cannot appeal the decision to reassign/transfer to the AWRP Review Board.

Based on the employee's status, the employee may have appeal and/or grievance rights if they refuse the reassignment and the reassignment is made effective (i.e., the employee is placed in an AWOL status), or the employee takes the reassignment.

- B. Pursuant to 42 CFR 21.33, Commissioned Officers are subject to change of station; however, Commissioned Officers may grieve their reassignment if the resultant personnel action is believed to be arbitrary, capricious, or not in consonance with the application of commissioned corps policies (Chapter CC26, Subchapter CC26.1, Personnel Instruction 5).
- c. Transferring and/or receiving AD's or the DHO may appeal an overall reassignment/redeployment decision to the Deputy Director. Such appeals will not be specific to individual employees as this may violate their

rights. Subsequent to the decision by the Deputy Director, the AD.-or the DHO may appeal to the Director,

The Director, IHS, is the final deciding official on appeals received from AD's or the DHO.

6. **Eff**ective Date This circular is effective upon the date of signature by the Director, IHS.

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Assistant Surgeon General

Director, Indian Health Service